



The Summer  
**MATH FOR LIFE MATHEMATICS ACADEMY**

Grant funded by the Tennessee Board of Regents

**Parent and Participant Consent Form**

*(This is a Release of Your Rights. Read Carefully Before Signing.)*

This is a legally binding agreement executed by participant student (hereinafter referred to as "participant"), and by Parent (hereinafter referred to as "Parent/Guardian"), and Columbia State Community College (hereinafter, "College/Institution"), a public community college within the Tennessee Board of Regents System of the State of Tennessee:

Name of Participant Student: \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

We, the undersigned, request the Participant be granted permission to participate in the Columbia State Community College Math for Life Mathematics Academy (hereinafter, "Activity") to be conducted at \_\_\_\_\_, in \_\_\_\_\_, Tennessee during the week of \_\_\_\_\_, 2011.

Participants involvement in Activity will include, but is not limited to, the following activities: Math courses and educational courses, campus recreational activities, and campus tours.

I/We release and hold harmless Columbia State Community College, its officials, employees, representatives, and all persons assisting with any phase of the program from all liability due to accident, property loss/damage, injury or death to said student Participant arising out of the Activity. We waive any and all claims, grievances, administrative and civil complaints, causes of action, legal actions and lawsuits that could arise out of the activity.

I understand that College does not have medical personnel available at the location of the activity. In the event of illness, I authorize the securing of necessary treatment. I agree that Institution assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs that I may have incurred during or arising from my participation in this activity.



**Consent / Summer Math Academy**

www.columbiastate.edu

(931) 540-2644

**In case of an emergency, the following person should be contacted:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Medical Information on Student:

Allergies: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

The College reserves the right to cancel any activity or event included as part of Activity or prevent Participant from participating in such activities or events if, in the College's sole judgment, participant's participation in such activities may seriously endanger Participant, other participants, or otherwise be harmful or inconsistent with the rules and regulation of College and applicable policies and guidelines of the Tennessee Board of Regents.

We further agree that to the extent authorized, any and all claims against College, the Tennessee Board of Regents, the State of Tennessee, its officers, agents, and employees for personal injury and/or property damage shall be submitted to the Board of Claims or the Claims Commission of the State of Tennessee. Damages recoverable against the State of Tennessee shall be limited to claims paid by the Board of Claims or the Claims Commission, pursuant to Tennessee law. This Agreement shall be governed and construed in accordance with the laws of the State of Tennessee without regard to its conflict of laws.

Parent/Guardian further state that I/We am/are the Participant's legal parent or guardian, I have read this entire release; am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the terms herein.

**BOTH PARTICIPANT AND PARENT/GUARDIAN MUST READ BEFORE SIGNING.**

**PARENT OR GUARDIAN**

**PARTICIPANT**

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
Date

It is very important to check your summer schedule before submitting this form. Students should plan to attend all four days. If plans change before academy date, please share this information with academy coordinator 1 week before academy start date.